

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO.	FILING DATE		
						10-019,399			
						APPLICANT			
						CLAIMS			
1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		51	52	53
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
2									
3		2							
4		10							
5		1							
6		10							
7		10							
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50									
TOTAL IND.							TOTAL CLAIMS	TOTAL IND.	TOTAL DEP.
TOTAL DEP.	14		↓		↓				
TOTAL CLAIMS	15								